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CUMBERLAND COUNTY COUNCIL

(EDUCATION COMMITTEE)

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

W. H. P. MINTO
M.D., D.P.H.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
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20 MAY 1957

ON THE

School Health Service

FOR THE YEAR

1956

Workington Star Ltd., Oxford Street
Workington

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PREFACE

To the Chairman and Members of the
Education Committee

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the annual report on the school health service for the year 1956.

First of all I should like to place on record the fact that my predecessor Dr. Kenneth Fraser, who retired from the post of Principal School Medical Officer on 31st May, 1956, had been associated with the school health service in Cumberland for 44 years, that is almost from its inception, and the regard with which his work was held not only locally but indeed nationally, is most evident from the way in which his last report is so freely quoted in the report of the Chief Medical Officer of the Ministry of Education for the years 1954 and 1955.

The form of the report has been altered this year, and I have tried to give some indication of the work undertaken, as well as a certain amount of stock-taking and comment on future plans.

I have included extracts from the reports of members of the staff which are useful in that they indicate the views of those who are really doing the work in the field.

There can be no doubt as to the value of the school health service in the past, and to my mind it has a vital and most important part to play in the health of the nation in the future. I think that it is important that we should from time to time review our methods in the light of changing circumstances. Medical inspection is still the sheet anchor of the service, but it may be that the methods of routine medical inspection could be changed, just as the problems involved are altering. I hope it may be possible to introduce as pilot schemes, innovations in this direction in selected areas of the county in the future.

It seems to me that our aim should be towards a greater co-ordination of existing services. Team work and the avoidance of an unnecessary multiplicity of workers are first essentials. In this connection I would comment on the great advantage of employing school medical officers as assistant county medical officers and where possible as district medical officers of health. The same principle applies to combined school nurse/health visitor posts. In this way there is a continuity of advice, not only for the school child, but also the pre-school child, combined with an intimate knowledge of the family, its affairs and environment, which is essential if all the factors bearing on the child are to be taken into account.

We hear a great deal to-day about mental illness and maladjustment and a most valuable report was published towards the end of 1955 by the Committee on Maladjusted Children (the Underwood Committee). There is no doubt that the situation is serious, but I would contend that each child who has to attend the child guidance service might almost be regarded as a sign that the maternity and child welfare and school health service has failed in an important aspect of its work. Mental breakdown I am sure, with all the distress which it causes, is largely founded on the environment in which a child lives before it goes to school, and also to a lesser extent during its school life. Much of this work can be done when the cracks begin to show by the family doctor in closest collaboration with the health visitor, school teacher, and school medical officer, and here I think lies the proper foundation of an effective child guidance service, rather than in the appointment of additional highly-trained super-specialist workers.

I would draw attention particularly to the sections dealing with the Ascertainment and Treatment of Defective Hearing, the Protection of Children against Tuberculosis, the Physically Handicapped Child, and Infectious Disease.

I should like to pay tribute to the help and encouragement which I have received from the Committee, the Director of Education and his staff and in particular to the head teachers for their support and interest in our work.

I have the honour to be,
Your obedient servant,
W. H. P. MINTO,
Principal School Medical Officer.

County Health Department,
11, *Portland Square,*
Carlisle.
February, 1957.

SCHOOL HEALTH SERVICE
Staff as at 31-12-56

SCHOOL MEDICAL AND DENTAL STAFF AT 31ST DECEMBER, 1956:—

Principal School Medical Officer:—*W. H. P. Minto, M.D., D.P.H. (Commenced 1-6-56).

Deputy Principal School Medical Officer:—*R. K. Machell, M.B., Ch.B., D.P.H. (Commenced 4-6-56).

SCHOOL MEDICAL OFFICERS:—

*John Neil Dobson, M.B., Ch.B., D.P.H. (Commenced 1-11-56)	Also District Medical Officers of Health and Assistant County Medical Officers
John R. Hassan, M.B., Ch.B., D.R.C.O.G. (Part-time General Practitioner)	
*James L. Hunter, M.B., Ch.B., D.P.H.	
*Isaac S. Jones, M.R.C.S., L.R.C.P., D.P.H.	
*John Patterson, M.B., B.Ch., B.A.O., D.P.H.	
*Ethel A. Perrott, M.D., B.S., D.P.H.	
*Kenmure J. Thomson, M.B., Ch.B., D.P.H.	

Enid M. O. Campbell, M.B., Ch.B., D.P.H.	Also Assistant County Medical Officers
*Agnes T. Harbison, M.B., Ch.B., B.A.O., D.P.H.	
Percy Thomas Regester, M.R.C.S., L.R.C.P., D.P.H. (Commenced 1-9-56)	

*Approved by the Ministry of Education for the ascertainment of educationally subnormal pupils.

Principal School Dental Officer:—A. C. S. Martin, L.D.S.

School Dental Officers:—

I. R. C. Crabb, L.D.S.
D. H. Hayes, L.D.S.
Mrs. M. Hayes, B.D.S.
F. H. Jacobs, L.D.S.
D. C. Lamond, L.D.S.
R. B. Neal, M.B.E., L.D.S.
A. R. Peck, L.D.S.
A. M. Scott, L.D.C. (Commenced 15-3-56)

MEDICAL AUXILIARY STAFF:—

Orthoptist:—Miss J. Hodson, D.B.O.

Orthopaedic Physiotherapists:—
Miss J. M. Morris, M.C.S.P., M.E.
Miss J. A. Fraser, M.C.S.P., O.N.C. (Commenced 1-5-56).

Speech Therapists:—
Miss D. Chapman, L.C.S.T.
Miss U. M. Philp, L.C.S.T. (Commenced 3-9-56).

NURSING STAFF:—

Superintendent Nursing Officer:—
Miss I. Mansbridge, S.R.N., S.C.M., Q.N., H.V. Cert.

Deputy Superintendent Nursing Officer:—
Miss S. Keeler, S.R.N., S.C.M., Q.N., H. V. Cert.

Assistant Superintendent Nursing Officers:
Miss E. M. Main, S.R.N., R.S.C.N., S.C.M., Q.N., H.V. Cert.
Mrs. A. Steele, S.R.N., S.C.M., Q.N., H.V. Cert.

Three full-time school nurses.

60 nurses and health visitors doing part-time school nursing, of whom 23 hold the health visitor's certificate.

GENERAL STATISTICS

The area covered by the Local Education Authority comprises 967,054 acres and the estimated population of the Administrative County in June, 1956, was 216,700, an increase of 100 compared with the estimated population for 1955.

The number of pupils on the school registers in 1956 was 36,261 compared with 35,220 in the previous year, an increase of 1,041.

At the end of 1956 there were in the county:—

		No. of Pupils
Nursery schools	1	40
Primary schools	254	26,303
Non-selective Secondary schools ..	18	5,823
Grammar schools	9	3,706
Secondary Technical school ...	1	300
Residential Special schools ...	2	
(One for educationally sub-normal boys, age range 9-16 years)		52*
(One for educationally sub-normal girls, age range 9-16 years)		34*

* These figures include the following children from other authorities:—

Carlisle City	8
Westmorland County	7

MEDICAL INSPECTION

The same routine age groups were examined as in pervious years, i.e. primary school "entrants", 10 year old children (born 1946) and secondary school "leavers" (14 year old children born 1942 in secondary modern schools, and 15 year old children, born 1941 in grammar schools). The vision of all 8 year old school children (born 1948) was tested. Pupils at residential special schools are inspected annually, and those at the nursery school are seen every term by the school medical officer in the area.

In 1956 school medical officers carried out a complete medical inspection at each school in the county.

The statistical tables relating to medical inspection have been set out as Appendix A. at the end of this report. These figures are not strictly comparable with previous years, because the 8 year old routine vision tests, previously designated as "specials" have been included as additional periodic examinations, and "special" examinations are now confined to those children who are examined at the special request of either the teacher or parent, or who are presented for re-inspection and are discovered to have an additional defect which has not been previously noted.

Re-inspections can generally be said to be follow up of defects from the previous examinations, whether that examination was a periodic, additional periodic, or special. Of recent years there has been a marked increase in the number of re-inspections, and this is in accordance with a very desirable increased emphasis on prevention.

Findings at Periodic Medical Inspection

Periodic medical inspection was carried out on 9,783 pupils, and of these 1,352 were found to be suffering from defects for which treatment was recommended, giving a figure of 13.8%.

Comparative percentages for the last 5 years are of some interest, in that it seems that there is no falling off of the number of children found to require treatment.

	Total Periodic Examinations	Total Pupils found to have Defects	%
1955	8,691	1,632	18.8
1954	9,920	1,394	14.1
1953	9,747	1,569	16.1
1952	9,759	1,673	17.1
1951	8,675	1,412	16.3

Physical Condition

The Ministry of Education has directed from the beginning of 1956 that a school child shall be placed in one of two categories—"satisfactory" or "unsatisfactory"—according to the child's physical condition. This demonstrates once again the need referred to in the preface for all of us, while appreciating the value of the school health service which has developed over the last 50 years, to be constantly reviewing our methods in an endeavour to effect improvements in the light of changing conditions.

Until 1947, children seen at routine medical inspection were classified in four categories according to their state of nutrition. This was eminently reasonable when malnutrition was all too common, although even so it was perhaps doubtful if a fine distinction could be drawn between these four categories as a result of a single medical examination. With the advent of the Handicapped Pupils and School Health Service Regulations, 1945, the term "nutrition" was replaced by "general condition", and classification was into one of three categories:—A—Good: B—Fair: C—Poor.

This probably resulted from the realisation that it is essentially more useful to assess an individual child's capacity in its own environment, than to attempt to measure it up against a quite mythical average. One remembers that a similar modification was made at the end of the last war when a new system of medical assessment was introduced into the British Army taking seven separate factors into account; rather than as previously just height and weight. This in turn was based on the PULHEEMS system used in the Canadian Army. Such an attempt to assess dynamic tone instead of relying on height and weight to tell the whole story was still largely a question of opinion rather than fact, and individual medical officers were bound to have widely differing standards.

The greatest merit of the new two-category classification is that where a child's physical condition is "unsatisfactory", a full follow up investigation must be undertaken with the object of reviewing the category at subsequent inspections.

Dr. Perrott says of the children in her area whose condition is unsatisfactory:—"In the urban area several types are constantly recurring—types which can be found anywhere throughout the country and worth mentioning only because their health can so easily be improved. First the pallid, dulleyed child who obviously sleeps with the windows shut all night. A vigorous fresh air campaign for bedrooms has reduced this number to a very few. Secondly the sallow or opaque-white faced child with dark rings around the eyes, who may or may not be complaining of headaches, vomiting or vague abdominal pain, who cannot deal with the amount of fat ingested. Often this fat is taken in excess in one or two articles of diet only, and the mother may not admit any excess at first. Careful investigations often reveal that the child is particularly fond of chocolate or chips. The third and less common type of tired, unhealthy child is the one who lacks sufficient sleep through second house pictures, television or some other night attraction".

The physical condition of 247 children in the county was regarded as unsatisfactory in 1956, a percentage of 2.43%. It should be of interest to compare these more factual figures in the future.

Cleanliness

The school nurses are authorised to examine the person and clothing of any child attending school, and arrangements are made for routine inspections for this purpose. The school nurse not only follows up these cases, but reports to the school medical officer where necessary.

The school nurses made 84,286 examinations of children for verminous conditions and uncleanliness, and of this total 1,174 children were found to suffer from infestation.

My predecessor in his last report commented on the very high incidence of verminous conditions in several schools many years ago. Dr. Kenneth Fraser said: "We had to exclude from school, on account of these verminous conditions, large numbers of children and in one school the number of children found verminous was as high as 50%. By "verminous" at that time we meant the presence of live vermin which were commonly found in large numbers on the heads of girls and on the underclothing of boys. Fortunately this state of affairs has long disappeared".

It seems probable that the standard in those days may well have been very different from those which we apply to-day, and I should like to comment briefly on the present day position as regards infestation. Treatment of this condition nowadays is extremely simple and effective, and with a little supervision by a nurse, even the most unskilled parent can undertake it with complete success. There will, however, always be some hard core families who will not keep their children free from lice and it is an unfortunate corollary that infestation will spread from these children to those of better kept families. It must therefore at all times be made clear that it is no stigma for any child to be found to have lice or nits at a single inspection. Between these two extremes lies the rather careless family where little interest is taken in personal hygiene, and it is here that in my own experience as a school medical officer I have so often found the real culprit—an adolescent or young adult who has had her first cheap permanent, only too permanent, wave. Here again the value should be emphasised of employing wherever possible school medical officers who are also medical officers of health to district councils for it is thus that the same individual who has knowledge of the children, also has the power to examine and cleanse all the members of these hard core households. In addition he can also advise his sanitary authority regarding action under Section 85 (2) of the Public Health Act, 1936, as required.

This problem was discussed at a recent meeting of medical officers in the county and it is planned to take action on these lines in an attempt to reduce the incidence of infestation.

Clothing and Footwear

Most of the children were found to be wearing clothing and footwear of adequate quality and in a reasonable state of repair. Gone, it seems, are the days not so far distant when a few children in some areas were sewn into their clothes in the autumn and allowed to rot out of them in the spring.

Clothing and footwear do still however provide problems, because what is most fashionable and most easily obtainable, is not always by any means certain to be the most healthy type of garment. For instance Dr. Campbell reports: "There is a growing tendency amongst teenage girls to wear fashionable "ballerina" shoes, with resulting orthopaedic defects such as hallux valgus, flat feet, and postural deformity".

Following Up

There was no change in the procedure whereby the school nurses follow up children who are found at medical inspection to be in need of treatment for a defect. Visits undertaken for this specific purpose were as follows:—145 visits paid to 102 cases.

Condition	No. of Cases	No. of visits paid
Eye Conditions	16 ...	20
Skin Diseases	14 ...	18
Nose and Throat Conditions...	6 ...	13
Ear Conditions	25 ...	33
Heart and Circulation ...	1 ...	1
General Cases	40 ...	60
	102	145

It should be noted that as the great majority of school nurses are doing combined work, they are constantly in touch, in the course of their routine visiting, with the school, the clinic, the family, and the family doctor, and this small number of visits specially for the purpose is no indication of the volume of work which is in fact undertaken.

ASCERTAINMENT AND TREATMENT OF DEFECTS

Co-operation

The interest which parents take in the service is shown by the large number who attend the medical inspections, particularly when the younger children are being examined. It is a little unfortunate that fewer attend with the school leavers, because it is at this age that advice to the parents on suitable employment and action with regard to defects found may be particularly valuable.

Variation in the arrangements for medical inspection should be explored, e.g. now that there is an increasing number of secondary schools in the county serving wide areas, if the medical examinations were held on the schools' open day, more parents from the outlying villages might be encouraged to attend with their children.

All concerned realise that the attitude of the head teachers of schools is of paramount importance and their continued interest and enthusiasm are very greatly appreciated.

General medical practitioners are notified of the results of medical inspection and their prior consent is obtained before treatment is arranged and I am much indebted to the general practitioners who give me information about their child patients so freely.

Medical reports on child patients admitted and discharged from hospitals and attending out patient departments are usually available on request, and some of the consultants send them as a routine. This information is not only of the utmost value to medical officers working in the school health service, but is also to the advantage of the individual children concerned and it is unfortunate that some specialists feel unable to make these reports available as a routine, because the full range of educational services available do not always flash before a consultant's mind's eye when he is considering the medical or surgical needs of a sick child, and he may inadvertently omit to make a special report. The Principal School Medical Officer recently attended a meeting of consultants where this matter was fully discussed and it was agreed that the situation would be reviewed again in a year's time.

Minor Ailment Clinics

During the year there has been no change in the number of minor ailment clinics held. The school health service clinics available are set out in Appendix C. to the report.

A total of 3,410 individual children attended the school clinics during the year. The attendances at individual clinics and the types of case are set out below.

Clinic	New Cases	Attendances All Cases
Alston	56	158
Aspatria	72	190
Brampton	148	326
Carlisle	113	144
Cleator Moor	99	431
Cockermouth	435	872
Egremont	304	546
Frizington	174	697
Maryport	215	759
Millom	464	1,227
Penrith	122	259
Whitehaven (Sandhills Lane)	229	1,009
Whitehaven (Woodhouse)	228	1,507
Wigton	137	281
Workington	531	2,584
	3,327	10,990

Conditions for which child attended	New Cases	Attendances All Cases
1. Cleanliness	7	35
2. Infestation	48	147
4. Skin Diseases	1,188	4,839
5. Eye Diseases	506	1,720
6. Ear Conditions	111	377
7. Nose and Throat Conditions	152	281
8. Speech Defects	43	51
9. Lymphatic Glands	17	44
10. Heart	6	37
11. Lungs	69	310
12. Developmental	6	19
13. Orthopaedic	85	148
14. Nervous System	60	128
15. Psychological	17	36
16. Abdomen	30	56
17. Other Conditions	982	2,762
	3,327	10.990

It has been suggested that the need for school clinics is past, but I feel certain that this is not so—in fact I believe that in the future far wider use may be made of these facilities than in the past for more selective and fuller medical examinations than are possible in the present method of routine school medical inspection. Further possible developments mentioned later in the report are special sessions for children suffering from defective hearing and from physical handicap.

On the changing use of school clinics in his area, Dr. Hunter says: "The work in school clinics is gradually undergoing a change. Both the workings of the National Health Service Act, and the introduction of drugs directed towards the treatment and prevention of infestation of the head and impetigo, have lessened the numbers actually attending school clinics. In West Cumberland, too, scabies has practically disappeared.

"Paradoxically, however, I do not think that the school clinics are redundant. They still serve a useful purpose in dealing with various categories of disease—general debilitating conditions requiring observation, further elucidation of conditions discovered or suspected at school medical inspection and the lesser number of minor ailments still prevailing. They also provide a most important service to the parent in that she is aware of fixed times when she can share her worries with the school medical officer especially in relation to mental and physical handicap in her child.

"Clinic premises too are important in use as a central point into which may be gathered large scattered numbers of children in order to make the various types of inoculations reasonably economic in time both for the medical officer and the child".

Diseases of the Ear, Nose and Throat

The statistical information relating to diseases of the ear, nose and throat is set out in Tables IIIA and B in Appendix A. It is of interest that of the 97 cases of otitis media noted, 24 were found at medical inspection to require treatment, while of the 61 cases seen at special examinations, 47 required treatment. Dr. Harbison makes some observations on the problem of otorrhoea when she reports: "There is a great deal more chronic ear trouble in West Cumberland than is really necessary nowadays with all the antibiotics at our disposal. However successful these drugs may be in the treatment of otitis media, it is essential for them to be given in the early stages so that they have the opportunity of nipping the disease in the bud. In a good many of these cases the family doctor has not been called in soon enough. There is the still too common and erroneous belief in certain parents, that as long as the ear is running it cannot come to any harm".

Tonsillectomy

For many years there has been controversy about the indications for tonsillectomy in children and many eminent specialists hold widely differing views. In order to clarify the position nationally, it has been suggested from the Ministry of Education that principal school medical officers should arrange to record from 1956 onwards, whether or not each child at periodic medical inspections has undergone tonsillectomy at any time previously. The figures in Cumberland for 1956 are as follows:—

	Total	Had Tonsillectomy	
Entrants	3,791	360	(9.5%)
Born 1946	3,289	897	(27.3%)
Born 1942	2,703	811	(30.0%)
Additional Periodic ..	398	100	(25.1%)
	10,181	2,168	(21.3%)

The tonsillectomy rate in school entrants was 9% rising to 27% among 10 year old children and when it is remembered that tonsils and adenoids are normally largest between the ages of 5 to 7, one cannot help wondering how many would have regressed physiologically had they not been removed shortly after the child started school and was exposed to the normal and current infections of community life. One cannot draw any valid conclusions from these small figures, but the national figures when available will be of great interest.

Provision of Hearing Aids

The Ministry of Education require principal school medical officers to report for the year ending 31st December, 1956, the total number of pupils in schools who are known to have been provided with hearing aids: (a) in 1956, and (b) in previous years.

This information, which is set out in Table IV, Group 2 of Appendix A, was elicited as follows:—

The senior ear, nose and throat consultant continued to transmit information to the Principal School Medical Officer about school children whom he had provided with hearing aids. The school medical officers carried out a check at school medical inspections to find out whether or not these children were wearing their hearing aids, and also formed an opinion as to whether the hearing aids were being intelligently used. In addition, the head teacher of each school was asked to supply a list of children in the school known to have hearing aids, and this list was made available to the school medical officer when inspection took place. This provided an opportunity for ensuring that the hearing aids were being properly used and maintained. The results of this survey show quite conclusively that it is the exception rather than the rule for the younger school children to be making proper use of hearing aids. A certain amount of improvement has resulted from the interest which the individual school medical officers have taken in this matter, but this very serious defect in the school health service can, in a geographical county of the type of Cumberland, only be eliminated by the appointment of peripatetic teachers of the deaf.

Ascertainment and Treatment of Defective Hearing

Any adult who has been temporarily deafened will realise that there is probably no other physical defect which can cause more distress to the individual concerned than that of deafness. The effect on a baby or young child results in very much more powerful psychological manifestations. Furthermore while it is agreed that the profoundly deaf child is bound to require special educational treatment, as far as the partially deaf child is concerned, if there is sufficiently early training, in many cases ordinary school education may become possible.

The first essential is, of course, early diagnosis, and by early diagnosis we are now thinking in terms of the age of 7—12 months of age. Given normal intellectual development it is now possible to arrive at a tentative diagnosis of deafness by the use of quite simple methods well below the age of 1 year, and it is with the object of ascertaining these cases that fourteen health visitors in the county have been trained in the administration of these special tests by Professor and Mrs. Ewing of the Department of Education of the Deaf at Manchester University. In the coming year the remainder of the health visiting staff will be receiving instruction in these methods and they will then be able to carry out adequate screening tests of hearing in the homes of the babies and young children they visit and in the infant welfare centres.

Early auditory training is of paramount importance in the pre-school period not only to prepare the deaf child for special education and the partially deaf child for the best possible chance of education in an ordinary school but also to enable the child to make normal mental development and avoid behaviour difficulties from frustration. If there is residual hearing and efforts are not made to utilise it as early as possible it is not infrequently lost. The nearest facilities to Cumberland for adequate auditory training of this kind are in Manchester, and while patients are always readily accepted there and are frequently referred for accurate assessment of hearing, in view of the distance involved the accurate follow-up and parent training which is so essential is quite impracticable.

Another aspect of this problem is the need to "screen" school children with the object of detecting those who do not have normal hearing. This is best done by the use of a pure tone audiometer. Using this instrument it is possible to test the hearing of school entrants accurately and quickly.

Consultations have taken place between the Director of Education, Principal School Medical Officer, and the Senior Consultant Otologist on these matters with a view to planning a comprehensive service which will take into account the peculiar problems of a county of this type and involve close co-operation with the school health, education and hospital services.

Visual Defects and Diseases of the Eye

The findings at medical inspection are set out in Table IV, Group 1, Appendix A of the report, and the arrangements for the provision of spectacles are unchanged. A routine eye test is carried out for each 8 year old child. There are many arguments in favour of testing the vision of school entrants because many children suffer educationally from undiscovered visual defect before they reach the age of 8. With this in view, letter "E" type test cards have been made available to school medical officers and health visitors in order that the vision of these young children can be tested at the school entrant examination.

Ascertainment and Treatment of Squint

This is of course strictly speaking a matter for the Maternity and Child Welfare Service, and health visitors are becoming increasingly aware of the need to refer cases of squint for consultant opinion as soon as they are first noticed, and if possible before the age of one year, for it is by appropriate treatment at an early age that the unhappy conditions of amblyopia and "lazy eye" are to be avoided. A survey was undertaken in 1955 by health visitors among pre-school children in Cumberland, and it is of some interest that of the 135 cases of squint reported, 52 were previously known to the health department, but 83 were reported for the first time.

There are of course other causes of squint and it is not unusual for this condition to develop during school life, and again a proper investigation is most desirable. Some squints are treated by the prescription of adequate spectacles or by occlusion, but an important aspect of the treatment of many of them is orthoptic treatment, and Miss Hodson, the orthoptist, submits the following report on her work during the year 1956.

"This year clinics have been held regularly at Carlisle and Workington, and a new clinic was opened at the Cumberland Infirmary. This development has proved most satisfactory as children who already attend one of the other clinics may be kept under observation while in hospital for operative treatment. This enables immediate pre and post-operative reports to be given to the ophthalmic surgeon which greatly increases the chance of success of the operation. The Infirmary clinic is also used a great deal in the diagnosis of paralytic strabismus of adult cases, as new equipment has been installed which ensures very thorough examination. A paralytic strabismus is a squint caused by either injury or disease which gives rise to paralysis of one or more of the ocular muscles, resulting in double vision.

East Cumberland.

Patients on register on January 1st numbered	74
New patients taken on for attention this year	27

These were as follows:—

Convergent squints.	
Manifest convergent squint, right or left	9
Manifest convergent squint with hypermetropia	1
Fully accommodative	3
Convergence excess	7
Esophoria	1
Divergent squints.	
Exophoria	1
Convergence deficiency	1
Convergence weakness	1
Divergence excess	1
Amblyopia	2

Results of treatment are as follows:—

Cured	15
Cosmetically satisfactory ...	12
Improved	21
Not responding to treatment ...	3
Failed to attend	8
Left district	1
Total discharged ...	60

West Cumberland.

Patients on register on January 1st numbered	61
New patients taken on during this period ...	33

These were as follows:—

Convergent squints.	
Manifest convergent squint, right or left ...	7
Manifest convergent squint with hypermetropia	1
Fully accommodative	4
Convergence excess	8
Esophoria	3
Divergent squints.	
Manifest divergent squint, right or left ...	1
Esophoria	1
Convergence deficiency	2
Convergence weakness	1
Divergence excess	1
Amblyopia	3
Accommodative defect	1

Results of treatment are as follows:—

Cured	20
Cosmetically satisfactory	8
Improved	16
Not responding to treatment ...	7
Refused treatment	3
Failed to attend	8
Total discharged ...	62

Defective Colour Vision

It is some years since it was first suggested that all children should be tested for colour vision during their school life. It is recommended that they should all be tested by means of Ishihara tests in the first instance, and those who fail these tests should be re-tested by a lantern test. This defect which frequently constitutes merely a reduced sense of colour appreciation, is commoner among boys than girls in the approximate ratio of 8% to 0.4%. A preliminary survey was undertaken in Cumberland in the autumn term of 1956 by Dr. Regester, who reports as follows:—

"A group was taken consisting of school leavers from schools in Penrith rural and urban districts and one large school in the Border district, namely Lazonby, High Hesket, Culgaith Schools, Tynefield Secondary Modern School, Queen

Elizabeth Grammar School, and Irthing Valley Secondary Modern School. Numbers were necessarily small. Of a total 312 children (182 being males and 130 females) 13 boys were found to be suffering from red-green, red or green, colour blindness, and 1 from complete colour blindness. None of the girls in the group were found to possess the defect. This gives a percentage incidence of 7.7% for boys. The majority of these boys seemed unaware of their disability.

"Although entrants into certain types of employment are required to undergo an examination for colour vision prior to acceptance, the testing of school children of this age has a definite value. Two instances from the group serve to illustrate this. One was the case of a boy whose ambition it was to become an R.A.F. pilot. This early diagnosis of his defect avoided the more acute disappointment of a later discovery on entry to the service. Another boy was studying for an entrance examination for a technical post in the Royal Navy. The headmaster was advised to check the visual requirements of this post before the boy proceeded any farther into that course of study".

This survey is to be continued and extended in due course to other areas of the county.

Skin Diseases

The number of children referred from medical inspection for treatment of diseases of the skin during 1956 was 1,324, of whom 1,188 were seen at school clinics during the year. Cases of human ringworm though declining, still continue to arise, and difficulty is encountered when a parent raises objection to epilation by X-rays. One such case led to exclusion of a child throughout the whole year and home tuition had to be provided. Though the use of a phlenlymercuric nitrate ointment may be of benefit in some cases, there is need for a universal alternative more readily acceptable to parent and child.

Cases of impetigo still form a large part of those attending the clinics for treatment and severe cases may have to be excluded from school, and while many excellent modern antibiotics are available the ultimate hope of reducing the incidence will lie in health education and earlier treatment.

Orthopaedic and Postural Defects

Consultant orthopaedic clinics were held as shown in Appendix C and the orthopaedic scheme is unchanged from that described in previous reports.

The orthopaedic physiotherapists, Miss Morris and Miss Fraser, report as follows:—

"At the beginning of May, Miss Fraser was appointed to the vacant post of orthopaedic physiotherapist, with the result that more frequent and regular treatment clinics have since been held in all parts of the county.

The types of treatment carried out continue very much the same.

1. For postural defects, teaching of exercises to be done at home—advice on correct posture in sitting and standing, and advice on suitable shoes and exercises for foot defects.

2. Paralysis following poliomyelitis—care and renewal of splints and walking appliances, making of plaster splints, and exercises and advice to parents to avoid further resulting deformities.

3. Congenital and other deformities—plaster of paris correction splints, exercises and advice to parents on home treatment.

4. Cerebral palsy—these children are carrying out exercises at home, with their parents help, which were taught at the Percy Hedley School, Newcastle, and these are supervised from time to time by the orthopaedic physiotherapists who made a number of visits to the Percy Hedley School during the summer when some of the local children were staying there, and in the autumn attended a course of six evening sessions on cerebral palsy at the school.

During this year there has been a marked reduction in the number of cases of flat feet referred and consequently far fewer children have been referred on to the school remedial exercises scheme which was started in the West Cumberland schools in 1953. I think that this is largely due to the extra time and attention that is now given to remedial work in the schools physical education classes'".

The following two tables show the work done:—

ORTHOPAEDIC TREATMENT UNDERTAKEN DURING THE YEAR

Number on Aftercare register at 1-1-56	1,149
New cases during 1956	137
Cases referred for Orthopaedic Physiotherapists only	139
Cases renotified after previous discharge	15
Number removed from Register	346
Number on Register at 31-12-56	1,094
Attendances at surgeons' clinics	728
Attendances at intermediate clinics	2,385
Homes visited by Orthopaedic Physiotherapists ...	224
Plasters applied	34
Surgical boots and appliances supplied and renewed (including insoles)	301
Cases receiving hospital treatment during 1956 ...	61
Cases awaiting admission to hospital 31-12-56 ...	21
X-ray examinations during 1956	78
Awaiting X-ray	32

NUMBER ON AFTERCARE REGISTER AT 31-12-56

Flat foot	311
T.B. Joints	22
Injuries (including fractures)	9
Poliomyelitis	47
Knock knees and bow legs	247
Cerebral palsy	41
Other birth injuries	8
Torticollis	4
Spina bifida	6
Pseudocoxalgia	1
Perthes disease and coxa vara.	14
Congenital dislocation of the hip	25
Congenital defects (including talipes and pes cavus) ...	118
Hallux valgus and deformed toes	48
Other postural defects of feet	52
Postural defects otherwise	88
Scoliosis, lordosis and kyphosis	13
Achondroplasia	1
Muscular distrophy	4
Schlatter's disease	3
Other conditions	24
Osteomyelitis	3
Arthritis, synovitis, rheumatism	4
Slipped epiphysis	1
	1,094

Speech Therapy

The speech therapists, Miss Chapman and Miss Philp, submit the following report:—

"The centres for speech clinics remain the same as in previous years, i.e. Carlisle, Penrith, Keswick, Wigton, Aspatria, Maryport, Workington, Whitehaven, Egremont and Millom. The Keswick clinic was closed for several months in the summer and autumn due to there being only one patient in need of treatment, but resumed again in November. Weekly visits to Higham, the new school for educationally sub-normal children, were arranged in June, and have been continued since then. In September, a clinic was opened at Cleator Moor and it has been well attended.

"At all clinics except Whitehaven, new cases are able to commence treatment almost immediately on being referred. At Workington this improvement is particularly noticeable, as the waiting list there has been very long in previous years.

"In last year's report we mentioned the advisability of early referral of cases, and this year we have noticed that a larger number of patients attending the clinics have been young children.

"Due to poliomyelitis, clinics were closed in Whitehaven from the first week in June until the end of the summer term.

"Again this year several adults have been treated".

Cases treated in East Cumberland.

On Register 1st January, 1956	New Cases During Year	Cases Discharged During Year	On Register 31st December, 1956
74	78	78	74

Cases treated in West Cumberland.

On Register 1st January, 1956	New Cases During Year	Cases Discharged During Year	On Register 31st December, 1956
93	70	61	102

Particulars of Cases Discharged (East Cumberland).

Normal	18
Substantially Improved	20
Unlikely to Benefit from further treatment—	
Slightly improved	10
Unimproved	2

Lack of co-operation	10
Unsuitable	7
Left district	5
Transferred	1
Failed to attend	4
Refused treatment	1
Total	78

Particulars of Cases Discharged (West Cumberland).

Normal	26
Greatly improved	12
Improved	8
Non-co-operative and unsuitable	9
No improvement	1
Transferred	5
Total	61

The following tables give the type of defects treated:—

East Cumberland.

Dyslalia	74
Stammer	38
Retarded Speech	11
Spastic	1
Cleft Palate	4
Hard of Hearing	6
Sigmatism	6
Idioglossia	1
Alallia	1
	152

West Cumberland.

Dyslalia	73
Stammer	42
Stammer and Dyslalia	4
Sigmatism	14
Hard of Hearing	7
Cleft Palate	9
Idioglossia	2
Aphasia	2
Dysphonia	2

Dysarthria	2
Spastic	1
Dyspraxia	1
	163

Number of Attendances.

Carlisle	452
Penrith	212
Keswick	54
Wigton	236
Aspatria	218
Maryport	188
Workington	800
Whitehaven	550
Egremont	180
Millom	238
Cleator Moor	65
Ingwell	126
Higham	68
	3,387

CHILD GUIDANCE

As will be seen from the attached statistical table on the work of the Child Guidance Centres during 1956, the case loading has remained fairly static for a number of years, and the number of new cases referred during 1956 (83) compares very closely with the average for the past five years.

The West Cumberland clinics (Whitehaven, Maryport and Millom) continued to operate throughout the year, but since February at an enormous disadvantage in that no psychiatric social worker was available. The West Cumberland clinics have been without the full-time services of a psychiatric worker since January, 1955. For just over a year (from January, 1955, to February, 1956) we were particularly fortunate in having the services of a psychiatric social worker of considerable experience on a part-time basis of four days a week, but this state of affairs came to an end when she had to resign for domestic reasons. For two years we have been advertising at regular intervals and have regularly approached the training courses in an attempt to fill the vacancy, but so far not a single application has been received.

The Underwood Committee on maladjusted children considers that a reasonable ratio in a team working in a child guidance service is one psychiatrist, two educational psychologists and three psychiatric social workers, so that the complete absence of psychiatric social workers obviously militates against the efficiency of the service. One of the main functions of the psychiatric social worker is to secure the co-operation of the family in treatment, and having secured the co-operation, to maintain it for so long as is necessary. In the absence of this liaison between the home and the Child Guidance Centres there has been extreme difficulty during the year under review in securing adequate co-operation and co-ordination of effort as between the home and the treatment centre.

The Committee on Maladjusted Children went very carefully into the question of supply and training of child guidance workers, and their report so far as psychiatric social workers is concerned makes the outlook appear very bleak. The facts are that in December, 1954, there was a grave general shortage of psychiatric social workers throughout the country and this position was not helped by the fact that no less than 73% of the total number of P.S.W.s at work in England and Wales, were in the south of England, the remaining 27% being employed in the rest of England and the whole of Wales. A number of reasons are advanced for the shortage of this specialised type of worker, such as the unattractiveness of salaries, the uncertainty about obtaining adequate financial assistance during training, the difficulties surrounding the concentration of training facilities to four centres only, and a general ignorance and prejudice about psychiatric social work. There is no evidence that the number of entrants to the profession is increasing and the demand for the services of psychiatric social workers continues to grow. It would seem, therefore, that our chances of filling the West Cumberland vacancy are deteriorating rather than improving, and we shall have to think of either subsidising a suitable student in her training under a contractual arrangement, or of trying to find social workers, not specifically trained in psychiatric social work, who might bridge the gap until qualified P.S.W.s are appointed.

CHILD GUIDANCE CENTRES—STATISTICAL RETURN FOR THE YEAR ENDED 31-12-56

	CARLISLE	MARYPORT	WHITEHAVEN	MILLOM	TOTAL
Psychiatrist	Dr. Stuart	Dr. Ferguson	Dr. Ferguson	Dr. Ferguson	
Educational Psychologist	Mr. Blair Hood	Mr. Blair Hood	Miss Howie (to Oct. 1956) Miss Grey (from Oct. 1956)	Miss Howie (to Oct. 1956) Miss Grey (from Oct. 1956)	
Psychiatric Social Worker	Miss M. Lamb	Mrs. Campbell (to 2-2-56)	Mrs. Campbell (to 2-2-56)	Mrs. Campbell (to 2-2-56)	
Cases remaining on Register at Jan. 1st, 1956	11	35	68	6	120
New cases referred during year by:—					
Consultants or General Practitioners	8	9	19	1	37
School Medical Officers	7	5	4	—	16
Children's Officer	7	2	1	—	10
Parents	1	—	3	1	5
Schools	—	1	5	—	6
Probation Officers or Courts	—	—	2	—	2
Others	—	—	4	—	4
Cases re-opened during year	2	—	1	—	3
Total cases on Registers during year	36	52	107	8	203
Cases dealt with and closed	14	8	11	1	34
Cases remaining under treatment 31-12-56	20	44	96	7	167
Cases awaiting treatment at 31-12-56	2	—	—	—	2
	36	52	107	8	203
Interviews by Psychiatrists:—					
(a) With child and/or parent	92	103	104	10	309
Interviews by Psychiatric Social Workers:—					
(a) At home	43	3	5	1	52
(b) At clinics	28	2	26	—	56
(c) Others	1	—	1	—	2
Interviews by Educational Psychologist:—					
(a) Tests, play therapy, remedial teaching, etc., with child	23	75	149	5	252
(b) School visits	30	20	18	2	70
(c) With parents at home or clinic	6	20	29	1	56

Handicapped Children

Work continued throughout the year in ascertaining certain categories of children, viz. the blind, partially sighted, deaf, partially deaf, educationally sub-normal, epileptic, maladjusted, physically handicapped, delicate (including diabetic) and pupils suffering from speech defect. It is very desirable that every attempt be made to give the handicapped child a trial in an ordinary school and only in cases where special facilities will be of incontrovertible benefit is the child placed in a residential special school. Dr. Campbell comments on the situaion in her area: "In such schools where the head teacher is interested and has interested his staff, handicapped children have made enormous strides since starting school by mixing with their normal schoolmates. The interest and care of the teachers not only encourages the handicapped children to progress and become as independent as possible, but also teaches their fellow schoolmates to treat them with understanding. This, in my opinion, is more important than the actual facilities a school can offer, and in one or two of the older schools where the amenities leave much to be desired, the children have progressed equally as well as their fellows in a modern school".

Blind and Partially Sighted.

Impairment of vision to any great degree is being increasingly ascertained before school age and a full report is issued by a consultant opthalmologist on form B.D.8. Children whose visual acuity is below 3/60 on Snellen's types are regarded as blind and can only be educated in residential schools for the blind. Considerable difficulty arises in those rare cases where blindness may be accompanied by other physical defects which impair the learning of braille as in one case of a girl who has made an excellent recovery from a brain tumour but whose loss of muscular control makes her unsuitable for the one blind school which caters for multiple handicap, and barely able to benefit from braille lessons at home. Wherever possible, partially sighted children are educated at ordinary schools by special consideration, or in special schools by methods involving vision.

Deaf and Partially Deaf.

At the end of 1956, twelve children within this category were being educated in residential special schools, the remainder of the children with hearing defects attending ordinary day schools, helped by hearing aids, lip reading, or merely a favourable place in class. I have already commented on the need for earlier ascertainment and adequate guidance.

Educationally Subnormal.

The special school for educationally subnormal boys at Ingwell, Moor Row, was opened on 2nd September, 1953, with a total bed provision of 41 places. The total accommodation was increased to 57 places early in 1956. By the end of the year under review, 66 boys had been admitted since the opening date; 9 left on attaining special school leaving age of 16 years, 2 left the county with their parents to live elsewhere, 2 were withdrawn by their parents, and 1 pupil died, leaving 52 on the register at the close of the year. Of this total, 5 pupils came from the City of Carlisle, and 5 from Westmorland.

A special residential school for educationally subnormal girls at Higham, near Cockermouth, was opened on 25th April, 1956, and provides accommodation for 38 girls of which 7 places are allocated for the use of Carlisle and Westmorland Education authorities. It was decided that the age range on admission should be from 9 years to 13+, and by the end of the year, 34 places had been filled, 29 by pupils from the administrative county, 3 from the City of Carlisle, and 2 from Westmorland. It is hoped that as a long term project, Higham School will ultimately provide accommodation for about 60 pupils, and it is the intention of the Education Committee at a later date to use the school for senior girls (9—15+), and also to a limited extent for juniors of both sexes. The normal lower age limit for admission to the authority's special educationally subnormal schools is at present 9 years, and facilities for educationally subnormal children of a lower age should prove to be a most desirable extension of the general scheme.

The Chief Medical Officer of the Ministry of Education in his annual report for 1952-53 drew attention to the desirability of retaining handicapped children in ordinary schools wherever possible. So far as educationally subnormal children are concerned, the report recommended that unless there were behaviour or home difficulties, no such child should be sent to a special school if there was a "practicable" alternative. I think we have to face the fact that in a predominantly rural county such as Cumberland, it is only in the semi-urban areas of the county that the "practicable" alternative in the form of progress or special opportunity classes is likely to be available for many years. Special day schools cannot be provided because the demand within a reasonable catchment area does not exist, but I would qualify this statement by suggesting that the value of Ingwell School might be enhanced if provision were made to admit a limited number of pupils on a daily basis as non-residents. This would seem to provide the "practicable" alternative to removal from home such as is suggested by the Chief Medical Officer. Educationally sub-normal boys in need of special educational treatment in the Whitehaven, Cleator Moor, Frizington and Egremont areas could quite easily travel daily to Ingwell School, thereby releasing residential places for pupils living in more distant parts of the county.

Both special schools are virtually at full complement so that in general vacancies will only arise as pupils leave on attaining school leaving age. This will mean so far as Ingwell is concerned that 7 vacancies will arise during 1957, whilst at Higham the first vacancy which is ensured will not arise until the end of the summer term of 1957.

From the annual rate of ascertainment of educationally subnormal children requiring residential special school treatment it seems probable that the waiting list for Cumberland children will continue to grow. The number of parents who have refused offers of special school places for their children is disturbingly high in spite of every persuasive effort by officers of the authority and of the schools themeslves. It is felt that many of these refusals come from families whose children are most urgently in need of residential treatment because of unsatisfactory influences prevailing in the home. The Education Authority has not so far exercised its power to enforce attendance at a special school.

2 H.P. EXAMINATIONS COMPLETED IN 1956

Under Section 34.

Recommended Special School—E.S.N.	22
do. —Maladjusted ...	1
do. —Spastics ...	1
Recommended Special Class (E.S.N.)	7
No special educational treatment required ...	5

Under Section 57.

Reported as ineducable (Section 57 (3)) ...	6
do. (Section 57 (4)) ...	1
Reported as requiring supervision on leaving school (Section 57 (5))	6
Decision as to educability deferred	2
Not requiring supervision on leaving school ...	6
	57

New Cases referred in 1956

Referred by	Referred for investigation of intellectual capacity	Referred for behaviour disorders	Referred as possibly ineducable	Total
School Medical Officers ...	71	19	16	106
Psychologists and Teachers .	67	16	—	83
Consultants and Hospitals .	7	4	2	13
Family Doctors	1	23	2	26
Children's Officer	6	7	1	14
Probation Officer	—	5	—	5
Parents	1	5	1	7
Others	3	5	4	12
	156	84	26	266

Epilepsy

Epilepsy presents one of the most difficult educational problems, whether it be true major or minor epilepsy or "fits" associated with other conditions. There is a tendency towards a more enlightened approach to the education of the epileptic child and one of the recommendations of the Cohen Report in 1956 was that children suffering from epilepsy should, as far as possible, be educated at ordinary schools. While this can only refer to those who can do so without detriment to themselves of other pupils, it is highly desirable that both they and their unaffected schoolmates should learn to accept one another as integral members of one community. Great difficulty however arises in the epileptic child whose temperament or intellectual deterioration is constantly acting as an obstacle to educational progress. In certain cases where a child is unsuitable for an ordinary school, and whose parents oppose admission to an epileptic colony or other residential special school, a certain amount of education may be provided by the combined efforts of an understanding home teacher and intelligent and co-operative parents. As with mental diseases, a certain stigma still attaches to persons suffering from epilepsy and periodic school medical inspections will not reveal a condition which both parent and pupil do their utmost to conceal. The extent of epilepsy among school children may possibly be greater than is suggested by the number of cases actually ascertained, though with modern anti-convulsant drugs, the educational problem is declining. This makes more difficult for the school medical officer the task of offering advice as to employment when the child leaves school. However, the work of the school nurse with her intimate knowledge of the family, together with liaison with the child guidance and hospital services, is helping to reveal hitherto undiscovered cases of this condition, and general practitioners readily refer cases known to them for advice as to educational problems. Cases in which a doubt exists as to diagnosis are referred to the Neurological Unit at the Royal Victoria Hospital, Newcastle, where an electroencephalogram and other investigations, supported by the findings of the child guidance service, provide additional information as to the outlook for the future.

Maladjusted.

The children falling within this category have been dealt with under the section dealing with Child Guidance.

Physically Handicapped Pupils.

This category refers to children who require special educational treatment for conditions such as cerebral palsy, paralysis following poliomyelitis, heart disease, congenital abnormalities and other rarer conditions of the central nervous system, bones, joints and blood.

The plans for the coming year for investigating the problems of spastics will be described later in the report. The condition of cerebral palsy taxes the school medical officer's skill to the utmost when the choice of the most suitable form of special education has to be decided. Many of these children have additional handicaps of deafness, blindness or speech defect and half to three-quarters may be so intellectually impaired as to be ineducable. All those concerned have long been giving considerable thought to this very complicated problem and it is expected that the coming year will see the provision of further facilities for investigation, and for the training of the ineducable spastic.

Acute rheumatism is rapidly becoming less prevalent as a cause of crippling heart disease and an increasing number of children with certain heart conditions are encouraged to attend ordinary schools and lead as far as possible a normal life. Investigation by Regional Hospital Board Consultants leads to accurate diagnosis, which is the only safeguard against condemning the child to a life of needlessly restricted activity. Furthermore, the advances in surgery of the heart now enable children, even with severe abnormalities of the heart structure, to lead a more normal life than such children of a previous generation who formed a large part of the incurable invalids. Transmission of information to the family doctor and Youth Employment Officer when pupils leave school contributes much towards their settling in permanent suitable employment and subsequently deriving the best out of life within the limitations of their physical condition.

The work of the orthopaedic scheme in the rehabilitation and after-care of children handicapped as a result of paralytic poliomyelitis has been metioned in the section on orthopaedic and postural defects. With the increasing use of poliomyelitis vaccination the day may come when the crippling effects of this disease are negligible. Tuberculous conditions of the bones and joints continue to decrease, a trend which has been brought about by the safeguarding of milk supplies, rigorous pursuit of contacts of pulmonary tuberculosis, advances in medical and surgical treatment and improvement in housing and living conditions and we can confidently look forward to the time when tuberculosis is an extremely rare cause of crippling defect in children.

Haemophilia is a condition which is arousing increasing interest and although it may only concern approximately one boy in every 15—20,000 of school age the effect of repeated haemorrhages particulary into joints can be devastating. A register was started throughout the year in co-operation with general practitioners and the hospital services with a view to setting up a uniform standard of guidance to pupils suffering from this condition and their parents. Associated with this condition is that of Christmas Disease, which presents intrinsically the same problems. One such case is known in the county and one case of haemophilia of school age.

Congenital deformities particularly of the spine and nervous system and often accompanied by intellectual impairment still contribute a few cases which present considerable educational problems and which, being largely of genetic origin, are not easy to prevent.

Pupils with speech defect are described in the report by Miss Chapman and Miss Philp on page 24. In the case of one child the defect is such that education in a residential special school has been found desirable while for the remainder regular attendance at the speech clinics coupled with co-operation from teachers and parents enables the children to make adequate progress while remaining in ordinary school.

Delicate Pupils.

Children in this category are those who by reason of impaired physical condition, as for example asthma and bronchitis, cannot be educated under the normal regime of ordinary school. Of four such children in the county, three are in residential special schools for the delicate, one by reason of diabetes, the parents of the fourth child having refused the offer of special school. Groups of children aged 5—11 years, who for medical reasons need a change of environment, continue to be sent to the Children's Home at Allonby on the Solway coast for a period of two weeks during the summer months.

Children Suffering from Cerebral Palsy

The problem of spastic children was reviewed at length in the annual report for 1954, and the position at 31st December, 1955, was set out in last year's report.

We are fortunate in Cumberland in that a very satisfactory liaison has developed between the county health department and the Percy Hedley School for Spastics in Newcastle-on-Tyne. Dr. Ellis, the director of that school, visits Cumberland from time to time and assesses the condition of certain spastic children. In addition, a number of children from Cumberland have been admitted with their parents for a period of in-patient assessment at the Percy Hedley School, and this is of inestimable value in securing for them the provision of the most suitable special educational facilities.

The number of children known to be suffering from cerebral palsy in Cumberland as at 31st December, 1956, is as follows:—

(1) Number of spastic children of school age ... West = 45
East = 17

Total in Cumberland = 62

These may be divided into those:—

(a) Attending ordinary school ... ... = 30
(b) At the Percy Hedley School for Spastics ... = 4
(c) At residential schools for the Physically Handicapped ... ... = 2
(d) At residential schools for the Educationally Subnormal ... ... = 1
(e) Attending occupation centres ... ... = 8
(1 is attending temporarily)
(f) Having home tuition ... ... = 3
(g) Not attending school and not having home tuition ... ... = 14
(3 awaiting 2 H.P. examinations)
(3 ascertained as mental defectives)
(1 awaiting admission to Ingwell)
(1 awaiting admission to St. Margaret's, Croydon)
(1 awaiting admission to Irton Hall, Holmrook)
(5 awaiting final ascertainment)

(2) In addition:—

Number of children under school age, but within scope of Education Act, 1944 (i.e. over 2 years)

(a) Known spastics—
West Cumberland ... ... = 5)
East Cumberland ... ... = 7) 12

(b) Under observation or investigation—
West Cumberland ... ... = 6)
East Cumberland ... ... = 2) 8

There has been a development of this service in 1956, in that the orthopaedic physiotherapists have attended a course at Newcastle where they have studied and received instruction in the techniques of physiotherapy adopted there for this type of handicapped child. In addition, one of the assistant county medical officers who has a special interest in spastics has visited the Percy Hedley School to discuss the problems involved with Dr. Ellis. The causation of this condition is not yet fully understood and it is only by intensive research that this may be elucidated. Fortnightly clinic sessions are now held at the Workington Park Lane Clinic for children suffering from cerebral palsy. This service will shortly be extended to embrace other groups of physically handicapped children. The children attend primarily for assessment by the assistant county medical officer and the orthopaedic physiotherapist is in attendance to instruct the parent in suitable exercises. It is hoped in time that the scope of this clinic may extend greatly, and I quote from a report by Dr. Regester the medical officer in charge, which shows some of the developments he has in mind. "The prime objects are social and educational in the broadest sense. First there is the need to have a dual interest not only in the spastic as a medical and educational problem, but also in the family with a spastic in it as a social problem. Secondly the social needs of such a family must be considered in order to determine what assistance can be given to such a family in such a crisis. Thirdly it is necessary to assess the burden on the time-resources and the money-resources of such a family, how much that family can really afford to give in time, attention, finances, etc., to the spastic child. Then there is the question of whether other children in the family, and the mental health and solidarity of the family are adversely affected by the spastic-situation. All these aspects have to be considered in determining the best educational, social, and medical treatment to apply. Finally it would be significant sociologically to study the behaviour of such a family and to try to elucidate the factors which help or hinder the progress of the spastic child in the home environment".

Table showing Handicapped Children in Special Schools

BLIND

Name of School	*Boys*	*Girls*
Royal Normal College for the Blind, Shrewsbury ...	2	—
School for the Blind, Sheffield	1	—
Sunshine House, Southerndown	—	1
Total ...	3	1

PARTIALLY SIGHTED

Name of School	*Boys*	*Girls*
School for Partially Sighted, Preston	6	—
Total ...	6	—

DEAF

Name of School	*Boys*	*Girls*
Northern Counties School for the Deaf and Dumb, Newcastle	1	1
Royal Cross School for the Deaf, Preston	2	—
Boston Spa Institution for the Deaf	1	1
Royal Residential School for the Deaf, Manchester	—	2
Henry Worrall Training School for Girls, Manchester	—	1
Burwood Park School, Walton on Thames	1	—
Total	5	5

PARTIALLY DEAF

Name of School	*Boys*	*Girls*
Northern Counties School for the Deaf and Dumb, Newcastle	1	—
Liverpool School for the Partially Deaf, Southport	1	—
Total ...	2	—

EDUCATIONALLY SUB-NORMAL

Name of School	*Boys*	*Girls*
Salmon Cross School, Holmbury, St. Mary	—	1
St. Francis Residential School, Birmingham ...	2	3
Ian Tetley Memorial Hospital Home, Killinghall ...	1	—
Ingwell Residential School, Moor Row	42	—
Higham Residential School, Cockermouth	—	29
Total ...	45	33

EPILEPTIC

Name of School	*Boys*	*Girls*
Colthurst School for Epileptics, Warford	1	—
Lingfield Epileptic Colony	—	1
Sedgewick House School, Kendal	1	—
Total ...	2	1

MALADJUSTED

Name of School	*Boys*	*Girls*
Chaigeley School for Maladjusted Boys	1	—
Total ...	1	—

PHYSICALLY HANDICAPPED

Name of School	*Boys*	*Girls*
Hurst Lea School for Crippled Boys, Broadstairs ...	1	—
Hesley Hall School for Physically Handicapped, Doncaster	2	—
Derwent Cripples Training College	1	—
Heritage Craft School for Physically Handicapped, Chailey	—	1
Percy Hedley School for Spastic Children, Newcastle	1	2
Wellburn Hall School, Kirby Moorside	1	—
H. K. Campbell School, Carlisle (Day School) ...	1	—
Total ...	7	3

DELICATE

Name of School	*Boys*	*Girls*
Fir Bank Hostel for Diabetics, Frodsham	1	—
Children's Convalescent Home, West Kirby ...	1	1
Total ...	2	1

Dental Service

The Principal School Dental Officer makes the following comments on the dental service for 1956:—

"During the year the staff position has improved by the addition of one officer, Mr. A. M. Scott, L.D.S., who commenced duty on the 15th March. It must be pointed out that this is only a temporary increase, Mr. Lamond having consented to stay on past retiring age in view of the difficulty of his being replaced. Naturally he cannot be expected to continue indefinitely. However, for the present the county is fortunate in having a staff which is only one short of establishment. At the same time it must be pointed out that this figure is low when compared to that indicated by the Minister of Education, which is at least one dentist to 3,000 children. This would mean the addition of two if provision is to be made for the other priority services, but it is time enough to consider the question when the present figure has been reached.

"It is very gratifying to be able to report that at last an orthodontist of consultant status has been appointed by the Newcastle-on-Tyne Regional Hospital Board who will spend approximately half his time in the Special Area, of which the county of Cumberland comprises the greater part. This should be of great assistance to the school dental service, as it will allow treatment to be on a more scientific basis, while it will also make provision for those complicated cases which do not really come within the scope of general practitioners. This is a very definite step forward and there is no doubt that the representations made by the County Council over the past few years have had a definite influence in the matter. It is also worth drawing attention to the fact that the services of an oral surgeon of consultant status are also being made available and it is expected that both specialists will take up their duties by the 1st March, 1957, and it is hoped that a close liaison will be maintained with them by the school dental service.

"One matter regarding the year's work requires to be referred to, the upset to the service caused by the outbreak of poliomyelitis in West Cumberland. This resulted in the closing for two months of three clinics—Whitehaven, Cleator Moor and Frizington, as far as routine cases were concerned, though sessions were held for emergency work. Fortunately, the other areas were not involved so that it was possible to employ the displaced staff to some extent in adjacent districts".

PREVENTION OF ILLNESS AND PROMOTION OF HEALTH

Protection of School Children against Tuberculosis

Mass Miniature Radiography

Mass miniature radiography is offered to all school children (including those attending private schools) over the age of 13 years, in the county. In 1955 and 1956, with the co-operation of the Director of the Mass Miniature Radiography Unit, it was possible to arrange for these examinations to be carried out before the B.C.G. vaccination programme commenced in each area. I show below the findings at mass radiography as far as the 5,928 school children involved are concerned, and separately the results of mass radiography in the children born in 1942, i.e. those involved in the B.C.G. scheme.

Children X-rayed on miniature films ...	5,928
Children recalled for large film examination	142
Children recalled for clinical examination ...	33
Children found with active tuberculosis ...	3
Children found with inactive tuberculosis ...	25
Children found with bronchiectasis ...	4
Children found with abnormal cardiac conditions	6
Children not yet diagnosed	—

Children in 1942 age group as shown on nominal rolls	2,890
Children in 1942 age group who had Mass Radiography reports	2,243
Consents given for B.C.G. vaccination ...	2,195
Children in 1942 age group with satisfactory Mass Radiography report	2,199
Children in 1942 age group with unsatisfactory Mass Radiography report and reialled for large films	42
Children in 1942 age group found to be satisfactory when recalled for large film ...	25

It has been suggested in a recent report from the Medical Research Council that it would be desirable to X-ray children whose Mantoux tests are found to be very strongly positive. In fact the Cumberland scheme by providing mass X-ray before B.C.G. vaccination already provides a more extensive scheme, and the only modification necessary is to refer those few children whose parents did not consent to mass radiography and who were found to be strongly positive on the reading of the Mantoux test for X-ray. X-ray examination is not made a condition for acceptance on the list for Mantoux testing and B.C.G. if found to be indicated.

B.C.G. Vaccination

Mantoux testing, mass radiography, and B.C.G. vaccination where necessary, were offered to all school children in their fourteenth year, attending maintained schools in the county in 1955, and again in 1956. The procedure was fully described in the annual report for 1955, and as a result of experience two modifications are planned for the future. It has been found in this county that virtually 100% of these children showed tuberculin conversion, and it is felt therefore that it is reasonable to discontinue the conversion test, and to postpone the post-vaccination test till the following year when it can be carried out at the same time as the pre-vaccination test for the next year age group. This reduces the work of the school medical officers and will allow them to undertake the important work of testing school entrants in order to determine whether or not these children have been in contact with tuberculosis. Secondly it has been decided to extend the offer to all children in the same age group who attend private schools in the county.

In 1956 explanatory letters were sent to the parents of 2,890 children (2,802), and the acceptance rate was 76% (80%), which, bearing in mind that some of the non-acceptors would have had B.C.G. vaccination under the contact scheme, may be considered a reasonably satisfactory response, and I believe is rather higher than that found generally in the country. Tests were actually completed on 2,142 (2,190) children, which represents 74% (78%), of the school child population in respect of whom the offer was made. Of these, 755 (667) gave a positive reaction, showing that they had at some time been exposed to tuberculosis infection. The percentage positive was 35.3% (30%). Of the 1,387 (1,523) negative children, 1,386 (1,510) were given B.C.G. vaccination.

Note: Figures in parentheses refer to the year 1955.

Tuberculin Sensitivity of School Entrants.

In the autumn of 1954, a comprehensive survey of selected areas in the county was undertaken prior to the introduction of the scheme for the B.C.G. vaccination of 13 year old children in 1955. A mass of useful information about the natural history of tuberculosis in Cumberland was thus obtained, and the need for further local surveys was clearly established. In view of the work involved in the B.C.G. vaccination scheme, it was not possible in 1955 or 1956 to carry out any further work with school entrants. It is however proposed in the future to cut out one visit to the schools for B.C.G. vaccination, to undertake more local surveys and intensive anti-tuberculosis campaigns in selected areas of the county where the need has been shown to be greatest. The object of these surveys will be case-finding, i.e. to trace the sources of infection of those infant children who are found to be positive to the Mantoux test.

X-ray Examination of Staff

The procedure which has been adopted for some years in this county is that teachers who at the time of their appointment are not employed by other education authorities, are required to undergo a medical examination and produce evidence of recent satisfactory X-ray examination before appointment is confirmed. "Experienced" teachers (i.e those who come to Cumberland direct from other local education authorities) are exempt from X-ray examination unless the medical officer who carries out the medical examination which is required decides on clinical grounds that X-ray is indicated. X-ray examination is not compulsory for canteen staff.

It is, at least, doubtful that this procedure ensures that children are adequately protected from the risk of tuberculous infection at school. Four, of a number of cases which have come to my notice quite recently, increase my uneasiness. All four people concerned felt perfectly well when they voluntarily submitted themselves for X-ray check up. All were found to suffer from an infectious form of tuberculosis. Each because the illness was detected early is likely to make a complete recovery under adequate modern methods of treatment. The first, a teacher who had been employed elsewhere, left teaching in order to undertake post-graduate study for a year, and then applied for a post in Cumberland. The second, an employee in a children's home had had a satisfactory X-ray a year previously. The third was a canteen worker, and the fourth was employed in a large food store.

Within the framework of existing regulations, it is possible for an authority to require a satisfactory chest X-ray on appointment, and annual X-ray thereafter as a condition of service and this would be a desirable addition to the encouragement which is given to existing staff to attend mass radiography sessions when the unit is in their area.

Medical Examination of Teachers

In 1956 the number of medical examinations of student school teachers and school teachers carried out during the year in accordance with Ministry of Education Circular 249 were as follows:—

Entrants to Training Colleges (Form 4 R.T.C.)	133
Entrants to employment as teachers by Cumberland Education Committee (Form 28 R.Q.)	108
There were examined in addition—	
"Experienced" teachers from other authorities entering employment in Cumberland ...	38
	279

Prevention of Diphtheria

The arrangements for diphtheria immunisation continued in 1956. Pre-school children are immunised at infant welfare centres or by general medical practitioners at their surgeries, usually between the age of nine months and one year. One "booster" dose is given when the child enters school so that immunity is maintained, another at nine, and a third at thirteen. Those children who were not immunised before the age of five are given, subject to the parents' consent, a full course of injections on starting school.

During 1956, 379 school children were immunised, and 2,862 were given reinforcing or "booster" injections. These figures are considerably lower than those for 1955 and this is attributable to the fact that immunisation was discontinued as a precaution during the outbreak of poliomyelitis in the West Cumberland area.

It is a matter for satisfaction that for the eighth year in succession no case of diphtheria was notified in Cumberland indicating that for the time being diphtheria has disappeared from the county. There is now a danger that through complacency parents may think that there is no longer any need for them to trouble about immunisation and active steps must continue to be taken to prevent this.

Poliomyelitis Vaccination

This matter will be more fully dealt with in the County Medical Officer's Annual Report, but it seems desirable to mention it here in so far as it affects school children.

In January, 1956, the Minister of Health announced that limited quantities of vaccine, giving protection against poliomyelitis, would be available to inoculate in May and June, 1956, certain children born between 1954 and 1947 (both dates inclusive) whose parents wished to register them for this purpose.

In Cumberland the scheme was advertised in the local press and forms of consent with explanatory letters to parents were made available at the County Health Department and the area office in Whitehaven and distributed through clinics and by health visitors. The response was about 8.4% among pre-school children and 9.0% from school children.

In due course sufficient vaccine was received for the inoculation of registered children born in selected months of certain years, with 'reserve' months. The selection was made by the central authority in order that accurate statistical data could be available.

Very stringent precautions have to be observed regarding the storage and use of this vaccine and in view of the geographical difficulties and scattered population in Cumberland it is pleasing to be able to report that of all the vaccine made available none had to be discarded.

174 school children were vaccinated.

Vaccination was discontinued on instruction of the Ministry of Health during what is normally regarded as the poliomyelitis "season", and fresh batches are expected early in 1957 to complete the inoculation of the remaining registered children—2,384, in Cumberland. General medical practitioners are to be given the opportunity of taking part in the revised scheme.

When the lists are re-opened for registration I foresee a very much greater demand, particularly if leaflets are distributed, as I hope they will be, through the schools, and this will of course involve the school medical officers in an increased volume of work,

Infectious Diseases

Details of cases of infectious disease in children of school age are given in the table below:—

Disease	Total
Scarlet Fever	23
Whooping Cough	238
Poliomyelitis	23
Measles	1,076
Diphtheria	Nil
Dysentery	12
Meningococcal infection	1
Acute Pneumonia	16
Enteric or Typhoid Fever	1
Food Poisoning	3
Tuberculosis—Respiratory	17
—Other	1

Once again no cases of smallpox or diphtheria occurred, but health education and propaganda have been maintained as strenuously as ever in order to combat complacency and to bring about an increase in the acceptance rate for vaccination and immunisation. Cases of scarlet fever still occur and streptococcal sore throat is now regarded as a variant of the same disease for purposes of exclusion. Complications of this disease, as with measles, have been greatly reduced by modern chemotherapy. One or two outbreaks of measles have occurred throughout the year, and whooping cough is still a cause of absence from school.

The Ministry of Education and the Ministry of Health jointly issued a memorandum on the closure of schools and exclusion from school on account of infectious illness during the year. All doctors in Cumberland were informed by the Principal School Medical Officer of the new regulations regarding incubation and exclusion periods of the commoner infectious diseases, and this information was also circulated to all the schools by the Director of Education. The general principles laid down in the memorandum have been adopted in Cumberland,

Tuberculosis.

22 school children were notified as suffering from tuberculosis during 1956, details are given in the table below:—

Age	5—10 years		11—15 years		Totals	
Sex	M.	F.	M.	F.	M.	F.
Pulmonary	5	4	4	6	9	10
Non-Pulmonary	1	1	—	1	1	2
Totals	6	5	4	7	10	12

Poliomyelitis.

Poliomyelitis was the infectious disease which caused most concern in the county during 1956. There were 23 confirmed cases in school children in Cumberland. Of these, 13 were paralytic and 10 were non-paralytic. These cases formed part of an outbreak of poliomyelitis which occurred in West Cumberland, particularly in the Whitehaven and Ennerdale areas, in the spring and early summer of 1956, and a small outbreak in a village community involving an isolated village school in East Cumberland at the end of the year.

In both these outbreaks there was the closest collaboration with the Director of Education and his staff, along with the teachers concerned. Action taken was generally in accordance with the memorandum issued by the Ministry of Health, but I should like to comment briefly on both outbreaks and on the steps which were taken locally in an endeavour to limit the spread of infection.

It is perhaps invidious to select one member of one's staff for particular commendation in a matter of this kind, but I would like to place on record the fact that Dr. Hunter, the Senior Assistant Medical Officer in West Cumberland, bore a particularly heavy burden in the increased day to day administration resulting from the first outbreak under sometimes difficult conditions.

The outbreak of poliomyelitis occurred in West Cumberland beginning at the end of April in mild, warm weather, and involving 52 notified cases. The outbreak continued to the end of the summer school term. Twenty-two cases were notified among school children—13 males and 9 females including one boy aged 17 years in a grammar school. The incidence of the disease was heaviest in Whitehaven Borough and Ennerdale Rural District; these two districts had a higher incidence rate per 100,000 population than the city of Manchester which experienced an epidemic more or less concurrently with the one in West Cumberland.

The numbers by age groups and severity were as follows:—

Age	Mild Cases	Moderately Severe Cases	Severe Cases
5-9 years	11	3	2
10-14 years	3	1	—
17 years	—	—	1

One case, aged 8, was not confirmed. The final diagnosis was osteomyelitis of the spine.

Of the mild cases, 10 were non-paralytic. Of the other 4 mild and 4 moderately severe cases, the residual paralysis was not finally assessed by the end of the year, but at least half required some form of caliper splint to support an affected lower limb, and also needed later the provision of transport to school. The 3 severe cases were generally paralysed, including respiratory paralysis in a boy of 7 years. All 3 were still under treatment in orthopaedic hospitals at the end of the year.

The heaviest incidence by school was at the Valley Infant and Junior School (5 cases), followed by Crosthwaite School, Whitehaven (3 cases). Three schools had each two cases—Whitehaven Grammar, Frizington Council and Gosforth. One case only occurred in seven other schools in Whitehaven, Ennerdale Rural District, Workington and Millom.

Of the last 6 cases notified among school children, 5 were non-paralytic. In addition to the notified cases, 1 schoolboy (Gosforth) incubated and showed signs of the disease whilst proceeding on holiday and was a notified case in Lancashire. One school girl, a visitor to Harrington, became ill there and was taken home in the early stages of the disease before notification locally, but was subsequently notified as suffering from the paralytic form in Derby.

All children were removed to isolation hospital except for one non-paralytic case which was nursed at home (this was the only instance of multiple cases in one family—the mother also suffering from a moderately severe paralytic form). Beyond the notified cases there was good evidence to support the view that this disease manifests itself within the family in a variety of forms ranging from the carrier state and inapparent infection, to mild infection of the throat and intestinal tract. In many of the families there was a train of illness affecting various members which was most likely poliomyelitic in nature. The precise mode of transmission of the disease from a carrier or mild case to the notified case is not known, but the generally accepted view is that the main avenue of spread is intestinal, that is, the excreted virus is picked up by the fingers and so gets to the mouth of the susceptible case. The common use of towels and pencils, etc., would in such case obviously provide the medium for this route of infection. One other possibility in transmission is by droplet infection and there was some evidence that this played a part in the spread of the infection in the present outbreak.

The exact role of life at school in relation to spread is also difficult to assess. The disease *is* highly infective, but is at the same time apparently selective in its incidence on families and close neighbourhood. It is likely that spread in schools in this epidemic was of less importance than spread by neighbourhood contact. It is also likely that by the time of recognition of clinical cases, the pool of infection had spread widely and was not then subject to control. Certain measures were, however, taken along generally accepted lines. These were as follows:—

1. Cases were isolated in hospital and school contacts were excluded for a period of three weeks (one school adult contact, a cook, was also so excluded).

2. The families concerned were investigated and advice given as to care in hygiene (washing of hands, etc.) and caution in the event of further illness.

3. Frequent consultations took place between the Principal School Medical Officer and the Director of Education, and the staff of the respective departments at all levels, with the result that measures were introduced covering school hygiene in regard to washing of hands, open-air education, limitation of strain and fatigue, etc. For example, paper towels took the place of roller towels, and organised classes in swimming and physical training were suspended.

4. Variety of contact was limited as far as possible by the suspension of inter-school matches and sports; school camps, and the movement of groups of children

to special classes outside the immediate area. Special local provision was made for Whitehaven boys attending Workington Technical School.

5. Attendance at school clinics was restricted to special individual cases. Immunisation procedures in schools and clinics were suspended (and likewise, tonsillectomy, and dental extractions).

6. General advice was given to school children as to conduct outside school hours in respect of the need for adequate rest and avoidance of crowded places of entertainment.

The question of closure of schools is always difficult—and often urged by public opinion. No school was closed as a primary measure in the prevention of spread, but one infant department was closed for a period prior to the end of the summer term because of difficulty in staffing and because it was thought inadvisable to double-up classes in a school in which three notified cases had already occurred. The teacher concerned in the shortage of staff was also ill and, because of close association with the notified cases, was also excluded for three weeks.

The headteachers should receive special thanks for their good nature, tolerance in trouble, and active co-operation in all the measures put forward.

In the middle of December, 2 paralytic cases of poliomyelitis occurred in 2 school children attending a very isolated school in Cumberland, which serves a catchment area of hamlets and houses within a radius of about four miles. In all the circumstances it was agreed to discontinue the attendance of children who are normally brought to the school by transport, and in the course of the following week the school closed itself two days before the Christmas holiday was due to start, as gradually the children who would normally walk to school ceased to attend. There were 2 further cases—one adult, and one a baby—and there have been no further cases. Apart from this, action was taken on the same lines as in the first outbreak.

Dysentery.

There were several outbreaks of dysentery reported in the county during the year and a number of schools were affected, Fortunately the disease as a rule takes a mild form in young children and usually is of short duration. It is a most difficult disease to control because of the nature of its transmission.

A small localised outbreak of Sonne Dysentery occurred in a rural school involving eight children and the infant teacher. The issue of paper towels and talks to the pupils and staff brought the outbreak to a rapid end, only one new case arising after the school medical officer's visit.

Intensive search failed to reveal the original infecting case and no further cases occurred.

Dr. Thomson, in his report, points to "the obvious advantage of the local school medical officer being at the same time the district medical officer of health. In this outbreak most of the work done was in my capacity as medical officer of health rather than as school medical officer. In conclusion I would like to record my thanks for the great help given by the staff of the school. Without their assistance I feel certain that the outbreak would have continued for a much longer period among the school children".

Epidemic Vomiting.

A small outbreak of vomiting and diarrhoea occurred in April affecting 41 pupils at an infant school. The cases were not notified as food poisoning as the children were not ill enough to require the advice of the family doctor and the matter only came to light in the course of conversation the following day between the headmistress and the school medical officer. The symptoms were nocturnal vomiting, abdominal pain and diarrhoea in some cases and a temperature of 100° F. in one case. Possibility of infection by school milk or meals or transmission by the hands or skin of any of the canteen staff was ruled out. Some adults were reported in the same town as having the same illness two nights later. The conclusion was reached that this was a sharp outbreak of a virus-caused illness similar to that known as winter epidemic vomiting.

School Premises

Hygiene and Sanitation.

After a routine medical inspection, the school medical officers submit a report on the school premises, including the premises used for school meals, and matters reported as requiring attention or further investigation are brought to the notice of the Director of Education.

New School Premises—Effect on Health.

In his report on the "Health of the School Child" for the years 1954 and 1955, the Chief Medical Officer of the Ministry of Education commented on the findings in selected areas of the effect of new school premises on the health and attendance of pupils. "Although this small enquiry did not produce clear medical evidence that new school buildings improve the health and attendance of the pupils, several of the doctors who took part quoted statements by educational administrators and teachers who were convinced that new schools had a good effect on the children".

Dr. Harbison makes an interesting comment in her report:—

"Here in West Cumberland we are fortunate in having a number of new schools all of pleasing contemporary design with well lighted, heated, and ventilated classrooms, where children are taught under conditions as nearly ideal as modern science, architecture and design can make them. There are, however, a large number of children attending very old schools, some of which are extremely unsatisfactory. The things that strike me most forcibly about them are the bad lighting and drab depressing atmosphere of all these buildings, and their very limited playground accommodation. Some are forced to use artificial lighting most of the time, especially in winter. In one such school in particular, the very high incidence of visual defect I noticed among the children could very well be attributed to this. These children attending old schools are on the whole unfortunate also in their home environment. They live, for the most part, in the oldest parts of the towns, usually in dreary streets of terrace houses where they do not have the same light airy surroundings and gardens as the children on the new housing estates served by the new school buildings. Apart from the lower incidence of visual defect found in the new schools, there seems to be no other very obvious difference between these two groups of children. The great majority of all school children are well nourished, healthy and well dressed, and children who live in new homes and attend new schools, do not appear to be any more robust than their less fortunate opposite numbers. On the contrary, the poliomyelitis epidemic of the summer of 1956 struck hardest at a school in one of our new housing estates, whereas another school in the area attended by an unusually high proportion of children who do not appear to be so well looked after, was scarcely affected at all. A noticeable feature of the new schools is the interest which the parents show in them and their social activities and the willingness with which they come to the teachers' help when called upon to do so".

School Meals

The Director of Education (Mr. Gordon S. Bessey) has supplied the following report on the school meals service, and this is followed by some notes on milk in schools:—

"During the year 1956 (as in the preceding year) a hot midday meal was available to all children of school age, attending each of the 283 nursery, primary and secondary schools maintained by the Authority, who wished to take advantage of this provision. In fact, children at all these schools, with the exception of Beckermet C. of E. school where there was no demand, took dinners.

"The percentage of pupils taking meals showed a slight decrease compared with the previous year's figure. On a check day in September, 1955, 64.16% of the children in attendance at school were served with a midday meal, but by September, 1956, the figure had fallen to 62.63% and consumption showed a decrease of some 220 dinners a day. The total number of dinners served on a day in September, 1956 was 21,388. The decrease in the average daily number of meals taken followed a decision by the Government to increase the charge per dinner from 9d. to 10d. from 1st September, 1956.

"As a result of continued restrictions on new major canteen building at existing schools no new major projects were undertaken during the year although two minor jobs were completed. Both were sculleries, at Seaton Infants and Shankhill Schools, which were taken into use in March and October respectively. A scullery was also included in the new Cleator Moor R.C. Secondary School which opened at the beginning of the Autumn Term. Dinners are provided from Whitehaven Central Kitchen.

"Drumburgh County School, which closed temporarily in May, 1952, re-opened at the beginning of the Spring Term and the service of dinners was resumed on the school premises.

"A survey of kitchens, self-contained canteens and dining centres carried out after the issue of the Food Hygiene Regulations in December, 1955, disclosed that conditions of hygiene in many of these premises fell short of the standards required to satisfy the Regulations. A considerable number of improvements have been carried out during the year under review, but much work still remains to be done in this connection and further improvements will be pressed forward as rapidly as possible.

"It had been apparent to the Authority for some time that the single rented room which served as a kitchen and dining room at Crosby, Maryport, was unhygienic and far too small to permit the installation of sufficient cooking equipment to deal adequately with the daily demand for dinners. In consequence of the issue of the Food Hygiene Regulations, the opportunity was taken, at the end of the Autumn Term, 1956, to cease cooking dinners on the premises and to re-open the canteen as a dining centre only, from the beginning of the Spring Term, 1957, dinners being sent in from Maryport Central Kitchen.

"Similarly, hygienic conditions in St. Joseph's Hall, Frizington, which was rented by the Authority as a dining centre for children attending Frizington St. Joseph's R.C. School, fell short of the standards required by the Food Hygiene Regulations. These premises were, therefore, vacated at the October half-term break and when school resumed after the holidays, meals were served on the school premises.

"A further dining centre, housed in the Hogarth Mission Hall Schoolroom at Whitehaven, and serving children attending Crosthwaite Memorial School, also had to be closed temporarily early in the Autumn Term. Not only are the premises unhygienic but the fabric of the building is unsafe and approval is now awaited from the Ministry of Education to the Authority's proposal to carry out major rehabilitation work. Meantime the children are dining in the school.

Milk in Schools

"The year under review was an important one in the history of the milk in schools scheme in Cumberland for, not only were new regulations issued precluding the sale by retail of undesignated milk in most areas of the County but, with the commencement of supplies to Ireby C.E. and Warwicksland Schools on 22nd October, all County maintained schools were for the first time being supplied with fresh liquid milk, "Following the introduction of the Milk (Special Designations) (Specified Areas) Order, in consequence of which Cumberland producers (with the exception of those in the rural districts of Alston-with-Garrigill, Ennerdale and Millom and in the Whitehaven Borough) were no longer permitted to retail milk, after 10th April, unless it was either tuberculin tested, pasteurised or sterilised, it became necessary to make alternative arrangements for the supply of designated milk to fourteen schools which, prior to the introduction of the Order, were receiving supplies of undesignated milk.

"In consequence of a circular letter issued by the Ministry of Education on 3rd May, 1956, the Authority assumed responsibility from the beginning of the Autumn Term, for the provision of milk to pupils in attendance at thirteen non-maintained schools in the County and to boys from maintained and non-mantained secondary schools attending courses at the Outward Bound Mountain School, Hallsteads-on-Ullswater. The circular also gave notice that, from 1st September, 1956, the allowance of free milk for pupils in nursery schools would be reduced from two-thirds to one-third of a pint daily and the limited arrangements for the provision of free milk at week-ends and during holidays would be discontinued. Certain minor alterations in the administration of the scheme also became effective on that date.

"A check taken on a day in September. 1956, shows that of the 34,148 day pupils present at the 283 nursery, primary and secondary schools maintained by the Authority, 25,808 were taking milk. These figures show that 75.6% of Cumberland children are drinking milk in schools as compared with last year's figure of 76.3%.

"The following table shows the percentage of different types of milk being supplied to maintained day schools at the end of 1956, the corresponding figure for 1955 being shown in brackets:—

Pasteurised	62 (53)
Tuberculin Tested	34 (35)
Attested	4 (12)

Physical Education

I am indebted to the Chief Organisers of Physical Education—Miss Kathleen Sutton and Mr. Lionel Heyworth for the following report:—

"During the past five years the approach to the teaching of physical education in the primary school has developed so extensively, the many experiments upon individual teaching in skills training, basic movement, agility and dance having been confirmed in the minds of teachers as the logical educational approach to the growing child, that the influence of these methods has been carried over to the secondary school. The child does not suddenly change either physically or mentally at the age of eleven years and methods which have proved themselves as sound for junior children may well be continued for seniors, leading naturally to secondary teaching and being adapted to class, group or individual teaching as the need arises. The success in the use of these methods at secondary level is entirely dependent upon the demand made for progress in endeavour, strength, skill, endurance, form and the ability to create. The marked progress in some secondary schools, especially on the creative side, is due in no small measure to the establishment of basic technique in the primary school. At the secondary stage, full consideration is given to the post school occupations and recreations so that children can take their place as active members of a lively community.

"County teacher training courses have been held in athletics, basket-ball, cricket and hockey coaching, while two district courses in basic movement training for the rural school teacher have been held for two areas in North Cumberland. In all cases, the courses were well supported by schools.

"Activities in the voluntary field have included athletics, major games, swimming and dancing, embracing competition at county and national level. The interest in the English and Scottish folk dance is more than maintained amongst voluntary groups and societies. We look to the development of post-school clubs attached to our secondary schools as recruiting grounds for junior and senior county teams.

"Under normal circumstances 2,320 children would have enjoyed regular swimming instruction during the summer season but on account of poliomyelitis infection attendance at swimming baths was considerably curtailed. In spite of these handicaps, however, 400 girls and boys gained the Bronze Medallion of the Royal Life Saving Society. It is worthy of comment that 16 boys and girls achieved this award in the River Eamont in spite of poor weather conditions.

"In the treatment of mild degrees of flat feet and poor posture the teachers have given particular attention to children, both in the normal physical education lesson and in small groups. The county physiotherapist has noted with satisfaction the co-operation of teachers and the interest of parents. The growing amount of bare footwork made possible by better facilities should make a definite contribution to preventive and remedial work.

"The steady progress of playing field development and maintenance has been a source of great encouragement to those schools which have benefited from the technical skill of the grounds staff and of envy to schools, where development has been delayed through lack of labour machines, poor weather and a back log of undeveloped games facilities. During the year, three large playing fields have been constructed, work which has involved levelling, drainage, cultivation and seeding, laying of concrete wickets and cricket tables, preparation of tennis court sites, athletic facilities, together with pre-maintenance work which invariably accompanies playing field improvement. In addition to the construction team the ground staff includes two maintenance teams which are responsible for the care of some 148 acres of school playing fields, work which includes regular cutting and rolling, spraying, care of hedges, fencing and re-turfing where required. The marking of courts and games pitches for tournaments and voluntary games has contributed much to the success of county events during the year.

"The County Playing Fields Association, for which the Committee's officers continue to accept responsibility for administration and technical advice, was honoured during the year by a visit from H.R.H. The Duke of Edinburgh to open King George's Playing Field, Cleator Moor. This recreation ground, along with additional facilities for recreation at six other centres, was brought into use during the year to provide an opportunity for outdoor recreation for children and young people.

"The small increase in the provision of climbing apparatus in the urban primary school has been much appreciated in those schools. We do look, however, to the installation of this type of equipment in the rural school for its preventive and remedial value".

Health Education—School Nursing Service

During the year the school nurses carried out routine hygiene inspections in the schools once each term. This provides a good opportunity for short informal talks on health and hygiene to small groups of children, and in many schools this was done. Another useful means of Health Education is when the health visitors are invited to give one talk on a specific subject, usually to a class of older girls. During the year six such talks were given. It is to be hoped that this practice will be encouraged and increased.

Enquiries were also received from some schools in the County for a series of talks to older school children, choice of a suitable syllabus was left to the health visitor concerned, although this was in every case discussed with the head teacher. At the end of 1956 one district nurse/health visitor had already embarked on a regular series of talks to older girls, going into the school for one hour on one day each week. A series of talks has been arranged for girls in the 11 to 15 year old group at a County Secondary Modern School, and we have been invited to participate in the teaching of the girls attending the Pre-nursing Course at Wigton Secondary Modern School. This Course includes talks and demonstrations on Child Welfare, the social aspect of disease and the Social Services. On all these occasions emphasis is being paid to mental health, particularly in regard to the home and the unity of the family. (A speciment syllabus is shown below).

Visual aids have been useful and the head teachers have helped to provide suitable demonstration material. In the Health Department there are a number of film strips to illustrate the talks.

Child Welfare

PROPOSED SYLLABUS FOR 11-15 YEAR OLD GIRLS

1. The home and family.
2. The baby—health and hygiene.
    Food—Demonstration.
    Clothing—Demonstration.

Cleanliness)
Rest and sleep)
Fresh air) Posters.
Exercise)
Love and security)

3. Normal development of the baby from birth to two years. Film strip.

4. Bathing the baby—Demonstration.

5. Baby's daily routine—with film strip.

6. The toddler. Food and nutrition—flannelgraph.

7. The toddler. Health and hygiene.
   Cleanliness—care of teeth, etc.
   Clothing.
   Fresh air and exercise—rest and sleep.
   Mental development and play.
   Demonstration.

8. Prevention of accidents in the home.
   Simple first aid. Demonstration.

9. Prevention of minor ailments and the spread of infection.
   Demonstration or film.

10. The older girl—Good grooming.
    Film strip.

APPENDIX A.

MEDICAL INSPECTION RETURNS YEAR ENDED 31st DECEMBER, 1956.

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A—Periodic Medical Inspections

Age Groups inspected and Number of Pupils examined in each:—

Entrants	3,791
Born 1946	3,289
Born 1942 (1941 in Grammar Schools) ...	2,703
Total ...	9,783
Additional Periodic Inspections ...	3,580
Grand Total ...	13,363

B—Other Inspections

Number of Special Inspections	4,302
Number of Re-inspections	9,012
Total ...	13,314

C—Pupils found to Require Treatment

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Age Groups Inspected.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIIA	Total individual pupils.
Entrants	16	550	553
Born 1946	149	375	507
Born 1942 (1941 in Grammar Schools) .	136	163	292
Total	301	1,088	1,352
Additional Periodic Inspections ...	228	109	330
Grand Total ...	529	1,197	1,682

D.—Classification of the Physical Condition of Pupils Inspected in the Age Groups recorded in Table I.A.

Age Groups Inspected.	Number of Pupils Inspected.	Satisfactory. No.	% of Col. (2)	Unsatisfactory No.	% of Col, (2).
Entrants	3,791	3,666	96.70	125	3.30
Born 1946	3,289	3,211	97.63	78	2.37
Born 1942 (1941 in Grammar Schools)	2,703	2,670	98.78	33	1.22
Additional Periodic Inspections ...	*398	387	97.24	11	2.76
Total ...	10,181	9,934	97.57	247	2.43

* In addition to 398 Additional Periodic Inspections there were 3,182 children (born 1948) who were inspected for Visual Acuity only.

TABLE II

INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	84,286
(ii) Total number of individual pupils found to be infested	1,174
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	Nil
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	Nil

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1956

A. PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease.	Periodic Inspections. Entrants.		Periodic Inspections. Leavers.		TOTAL (including all other age groups inspected).	
		Requiring Treatment.	Requiring Observation.	Requiring Treatment.	Requiring Observation.	Requiring Treatment.	Requiring Observation.
4.	Skin	45	84	29	39	112	188
5.	Eyes—						
	(a) Vision ..	16	61	136	300	529	1,119
	(b) Squint ..	35	81	4	20	70	196
	(c) Other ..	20	22	21	14	79	60
6.	Ears—						
	(a) Hearing ..	19	15	4	17	33	58
	(b) Otitis Media	15	33	1	16	24	73
	(c) Other ..	7	12	5	7	24	31
7.	Nose & Throat	142	541	17	67	210	842
8.	Speech	20	44	—	11	31	91
9.	Lymphatic Glands	8	108	—	15	10	155
10.	Heart	1	60	3	34	5	148
11.	Lungs	54	368	4	132	85	710
12.	Developmental—						
	(a) Hernia ..	10	13	—	1	13	25
	(b) Other ..	2	47	2	13	16	204
13.	Orthopaedic—						
	(a) Posture ..	12	11	10	19	43	50
	(b) Feet ..	47	37	13	8	120	72
	(c) Other ..	78	157	18	41	144	284
14.	Nervous system—						
	(a) Epilepsy ..	1	7	—	5	2	23
	(b) Other ..	15	7	1	6	27	26
15.	Psychological—						
	(a) Development	1	18	1	25	26	138
	(b) Stability ..	2	51	—	11	9	115
16.	Abdomen ..	7	28	4	11	14	66
17.	Other	107	99	40	37	228	237

B. SPECIAL INSPECTIONS.

Defect Code No.	Defect or Disease.	Special Inspections Requiring Treatment.	Requiring Observation.
4.	Skin	1,212	39
5.	Eyes—		
	(a) Vision	261	117
	(b) Squint	58	9
	(c) Other	207	19
6	Ears—		
	(a) Hearing	16	29
	(b) Otitis Media	47	14
	(c) Other	56	13
7	Nose and Throat	183	92
8.	Speech	55	25
9	Lymphatic Glands	19	23
10.	Heart	5	13
11.	Lungs	86	83
12.	Developmental—		
	(a) Hernia	2	2
	(b) Other	3	10
13	Orthopaedic—		
	(a) Posture	17	7
	(b) Feet	38	7
	(c) Other	73	37
14.	Nervous system—		
	(a) Epilepsy	4	14
	(b) Other	51	7
15.	Psychological—		
	(a) Development	29	37
	(b) Stability	9	22
16.	Abdomen	25	31
17.	Other	1,011	79

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1. Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	177	50
Errors of refraction (including squint)	195	1,833
Total ...	372	1,883
Number of pupils for whom spectacles were prescribed ...	—	1,501

GROUP 2. Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated	
	By the Authority.	Otherwise.
Received operative treatment—		
(a) for diseases of the ear ...	—	12
(b) for adenoids and chronic tonsilitis	—	247
(c) for other nose and throat conditions	—	79
Received other forms of treatment	48	123
Total ...	48	461
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1956	—	7
(b) in previous years ...	—	48

GROUP 3. Orthopaedic and Postural Defects.

	By the Authority.	Otherwise.
Number of pupils known to have been treated at clinics or out-patient departments ...	362	732

GROUP 4. Diseases of the Skin

(excluding uncleanliness for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm—(i) Scalp	9
(ii) Body	17
Scabies	13
Impetigo	356
Other skin diseases	929
Total ...	1,324

GROUP 5. Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	198

GROUP 6. Speech Therapy.

Number of pupils treated by Speech Therapist under arrangements made by the Authority	315

GROUP 7. Other Treatment Given.

(a) Number of cases of miscellaneous minor ailments treated by the Authority ...	898
(b) Pupils who received convalescent treatment under School Health Service arrangements	129
(c) Pupils who received B.C.G. vaccination	1,386
(d) Other than (a) (b) and (c) above— Pupils who have received vaccination against Poliomyelitis	172

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) At Periodic Inspections	21,565
(b) As Specials	912
Total (1) ...	22,477
(2) Number found to require treatment ...	15,196
(3) Number offered treatment	11,355
(4) Number actually treated	10,444
(5) Number of attendances made by pupils for treatment, *including* those recorded at heading 11 (h) below	21,659
(6) Half-days devoted to:	
Periodic (School) Inspection	205
Treatment	2,480
Total (6) ...	2,685
(7) Fillings:	
Permanent Teeth	8,415
Temporary Teeth	1,177
Total (7) ...	9,592
(8) Number of teeth filled:	
Permanent Teeth	7,731
Temporary Teeth	1,155
Total (8) ...	8,886
(9) Extractions:	
Permanent Teeth	5,320
Temporary Teeth	12,989
Total (9) ...	18,309

(10) Administration of general anaesthetics for extraction	3,582
(11) Orthodontics:	
(a) Cases commenced during the year ...	120
(b) Cases carried forward from previous year	122
(c) Cases completed during the year...	56
(d) Cases discontinued during the year	27
(e) Pupils treated with appliances ...	145
(f) Removable appliances fitted ...	175
(g) Fixed appliances fitted	9
(h) Total attendances	1,254
(12) Number of pupils supplied with artificial dentures	209
(13) Other operations:	
Permanent Teeth	4,328
Temporary Teeth	172
Total (13) ...	4,500

APPENDIX B.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

During the Calendar year ended 31st December, 1956, how many handicapped pupils—	(1) Blind.	(2) Partially sighted.	(3) Deaf.	(4) Partially Deaf.	(5) Delicate.	(6) Physically Handicapped.	(7) Educationally sub-normal.	(8) Maladjusted.	(9) Epileptic.	Total.
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
A. were *newly placed* in special schools or boarding homes?	—	1	—	—	1	2	40	—	—	44
B. were *newly assessed* as needing special educational treatment at special schools or in boarding homes?	—	3	—	2	2	2	20	1	1	31
On or about 31st January, 1957, how many handicapped pupils from the Authority's area—										
C. (i) were on the registers of special schools as										
(a) day pupils	—	—								
(b) boarding pupils	4	5	10	2	3	10	79	1	3	117
(ii) were on the registers of independent schools under arrangements made by the Authority	—	—					1			1
(iii) were boarded in homes and not already included under (i) or (ii)										
TOTAL C.	4	5	10	2	3	10	80	1	3	118
D Were being educated under arrangements made under Section 56 of the Education Act. 1944.										
(i) in hospitals	—	—				1				1
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—								
(iii) at home	—	—	1	—	—	6	2	—	1	10

APPENDIX B.—*continued.*

During the Calendar year ended 31st December, 1956, how many handicapped pupils—	(1) Blind.	(2) Partially sighted.	(3) Deaf.	(4) Partially Deaf.	(5) Delicate.	(6) Physically Handicapped.	(7) Educationally sub-normal.	(8) Maladjusted.	(9) Epileptic.	Total.
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
E. were requiring places in special schools										
(i) TOTAL (a) day	—	—								
(b) boarding	4	6	1	2	1	5	94	1	3	117
Please state how many pupils are included in the totals above—										
(ii) who had not reached the age of 5:—										
(a) awaiting day places	—	—								
(b) awaiting boarding places	2	2	—	2	—					6
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school:—										
(a) awaiting day places										
(b) awaiting boarding places	—	2	—	—	1	—	52	—	—	55

F. Were on the registers of hospital special schools .. 16

G During the *calendar* year ended 31st December, 1956, how many children were reported to the local health authority:—

(a) under Section 57 (3) (excluding any returned under (b)) .. 3

(b) ,, ,, 57 (3) relying on Section 57 (4) .. .. .. Nil

(c) ,, ,, 57 (5) .. of the Education Act. 1944/ 5

APPENDIX C.

SCHOOL HEALTH SERVICE CLINICS

AS AT 31-12-56

ALSTON:

Dental—2nd and 4th Tuesday—all day.

School—Each Wednesday a.m.

ASPATRIA:

Dental—1st, 3rd and 5th Mondays—all day.

School—Each Wednesday a.m.—Medical Officer attending on 2nd and 4th Wednesdays only.

Orthopaedic Aftercare—4th Friday—all day.

Speech Therapy—Each Wednesday a.m.

BRAMPTON:

Dental—Each Wednesday—all day.

School—Each Friday a.m. with Medical Officer attending 1st and 3rd Fridays only.

CARLISLE:

Dental—Daily—all day.
—At Eden School—as required.

School—2nd and 4th Wednesdays a.m. with Medical Officer in attendance.

Eye Specialist—Each Monday a.m.

Orthoptic—Each Monday, Tuesday and Wednesday—all day.

E.N.T. Specialist—Each Monday p.m.

Child Guidance—Alternate Thursday p.m.

Speech Therapy—Each Tuesday and Friday p.m. Thursday a.m.

Orthopaedic Aftercare—Each Tuesday—all day.

Orthopaedic Surgeon—1st Monday every odd month—all day. and every 8th Wednesday.

CLEATOR MOOR:

Dental—Each Wednesday—all day.

School—Each Monday and Thursday a.m. with Medical Officer attending 1st and 3rd Thursdays only.

Orthopaedic Aftercare—2nd and 4th Tuesdays a.m. and occasional Wednesdays.

Speech Therapy—Each Friday a.m. ...

COCKERMOUTH:

Dental—Each Tuesday, Friday and occasional Thursday—all day.

School—Each Monday and Thursday a.m. with Medical Officer attending 2nd and 4th Mondays.

Eye Specialist—Each Tuesday a.m.

Orthopaedic Aftercare—1st and 3rd Wednesdays—all day.

EGREMONT:

Dental—Each Monday—all day.

School—Each Thursday a.m. with Medical Officer attending 1st and 3rd Thursdays.

Speech Therapy—Each Wednesday p.m.

Orthopaedic Aftercare—2nd and 4th Tuesday p.m.

FRIZINGTON:

Dental—Each Tuesday—all day.

School—Each Monday and Wednesday a.m.—Medical Officer attending 2nd and 4th Mondays.

KESWICK:

Dental—Each Friday—all day.

Speech Therapy—Each Thursday p.m.

Orthopaedic Aftercare—3rd Monday—all day.

LONGTOWN:

Dental—Each Friday—all day.

MARYPORT:

Dental—Each Monday, Wednesday and occasional Thursday—all day.

School—Each Tuesday and Friday a.m. with Medical Officer attending on 2nd and 4th Tuesdays.

Speech Therapy—Each Wednesday p.m.

Orthopaedic Aftercare—1st and 3rd Tuesdays—all day.

Child Guidance—Each Monday p.m.

MILLOM:

Dental—Each Thursday—all day; each 2nd and 4th Fridays—all day.

School—Each Tuesday a.m. and Friday p.m. with Medical Officer attending 1st and 3rd Tuesdays only.

Speech Therapy—Each Thursday—all day.

Child Guidance—1st Monday—all day.

Orthopaedic Aftercare—3rd Monday—all day.

PENRITH:

Dental—Each Monday, 1st and 3rd Tuesday and occasional Thursday all day.

School—Each Tuesday a.m. with Medical Officer attending 2nd and 4th Tuesdays only.

Speech Therapy—Each Tuesday a.m.

Orthopaedic Aftercare—4th Friday—all day.

Orthopaedic Surgeon—1st Monday every even month—a.m.

SILLOTH:

Dental—Each Thursday—all day.

WHITEHAVEN (Sandhills Lane):

Dental—Daily—all day, 2nd Clinic Tuesday—all day.

School—Daily a.m. with Medical Officer attending each Wednesday morning.

E.N.T. Specialist—Each Tuesday a.m.

Eye Specialist—Each Thursday and Friday a.m. First Friday p.m. in each month.

Speech Therapy—Each Tuesday all day and Friday p.m.

Orthopaedic Aftercare—2nd and 4th Wednesdays p.m. and each Thursday—all day.

Orthopaedic Surgeon—1st Friday every odd month—a.m., 2nd Wednesday every odd month—a.m., every 8th Tuesday.

WHITEHAVEN (Woodhouse):

School—Each Monday, Wednesday and Friday a.m. with Medical Officer attending each Wednesday.

WHITEHAVEN (10, Scotch Street):

Child Guidance—Each Wednesday—all day.

WIGTON:

Dental—Tuesday, Wednesday and Thursday—all day.

School—Each Monday a.m. with Medical Officer attending 1st and 3rd Mondays.

Speech Therapy—Each Friday a.m.

Orthopaedic Aftercare—2nd Friday a.m.

WORKINGTON (Stoneleigh):

Dental—Monday, Thursday—all day.

WORKINGTON (Park Lane):

Dental—Tuesday, Wednesday, Friday—all day.

School—Daily a.m. with Medical Officer attending each Tuesday a.m.

Speech Therapy—Each monday—all day.

Orthoptic—Each Thursday and Friday—all day.

Orthopaedic Aftercare—Each Friday—all day.

Orthopaedic Surgeon—1st Friday every even month a.m., 2nd Thursday every month a.m. Every 8th Tuesday a.m.